
 <p align="center"><b>DEPARTMENT OF HOMELAND SECURITY</b> <b>Immigration and Customs Enforcement</b></p> <p align="center"><b>REPORT OF INVESTIGATION</b></p>		<b>1. CASE NUMBER</b> 201803734
		<b>PREPARED BY</b> (b)(6);(b)(7)(C)
		<b>2. REPORT NUMBER</b> 001
<b>3. TITLE</b> Castro-Garrido, Yulio/Non-Employee/0109 Detainee/Alien - Death (Known Cause -Terminal Illness)/JACKSONVILLE, DUVAL, FL		
<b>4. FINAL RESOLUTION</b>		
<b>5. STATUS</b> Initial Report	<b>6. TYPE OF REPORT</b> Allegation	<b>7. RELATED CASES</b>
<b>8. TOPIC</b> The JIC received information reporting the death of a detainee.		
<b>9. SYNOPSIS</b> On January 30, 2018, the Joint Intake Center (JIC) received information from Immigration and Customs Enforcement (ICE), (b)(6);(b)(7)(C) Health Service Corps located in Atlanta, GA (HSC/Atlanta) reporting the death of Enforcement and Removal Operations (ERO) detainee Yulio Castro-Garrido (b)(6);(b)(7)(C) at the Mayo Clinic located in Jacksonville, FL.		
<b>10. CASE OFFICER (Print Name &amp; Title)</b> (b)(6);(b)(7)(C) Joint Intake Specialist	<b>11. COMPLETION DATE</b> 31-JAN-2018	<b>14. ORIGIN OFFICE</b> Joint Intake Center
<b>12. APPROVED BY(Print Name &amp; Title)</b> (b)(6);(b)(7)(C) - JIC Supervisor	<b>13. APPROVED DATE</b> 31-JAN-2018	<b>15. TELEPHONE NUMBER</b> No Phone Number
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<div data-bbox="110 226 272 394"></div> <div data-bbox="396 163 1036 195" data-label="Section-Header"><b>DEPARTMENT OF HOMELAND SECURITY</b></div> <div data-bbox="493 394 938 468" data-label="Section-Header"><b>REPORT OF INVESTIGATION CONTINUATION</b></div>	<b>1. CASE NUMBER</b> 201803734
	<b>PREPARED BY</b> (b)(6);(b)(7)(C)
	<b>2. REPORT NUMBER</b> 001
<b>10. NARRATIVE</b> <p>On January 30, 2018, the JIC received information from ICE, (b)(6);(b)(7)(C) HSC/Atlanta reporting the death of ERO detainee Yulio Castro-Garrido (b)(6);(b)(7)(C) at the Mayo Clinic located in Jacksonville, FL.</p> <p>According to the information received, on January 30, 2018, detainee Castro-Garrido passed away at the Mayo Clinic located in Jacksonville, FL. The received information indicated that detainee Castro-Garrido had been admitted with a diagnosis of pneumonia and pneumonitis secondary to MRSA infection.</p> <p>Originating documentation is attached to the case file.</p> <p>End of report.</p>	

 <b>DEPARTMENT OF HOMELAND SECURITY</b>  <b>REPORT OF INVESTIGATION</b> <b>Exhibit List</b>	<b>1. CASE NUMBER</b> 201803734
	<b>PREPARED BY</b> (b)(6);(b)(7)(C)
	<b>2. REPORT NUMBER</b> 001

None



## SYNOPSIS

On January 30, 2018, Yulio CASTRO-Garrido, a thirty-three year old citizen of Cuba, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at the Mayo Clinic, in Jacksonville, Florida (FL). The State of Florida Certificate of Death documented CASTRO's cause of death as bronchopneumonia<sup>1</sup> with pulmonary abscesses<sup>2</sup> and viral influenza.<sup>3</sup>

CASTRO was detained at the Stewart Detention Center (SDC), in Lumpkin, Georgia (GA), from November 24, 2017, until his death. SDC is owned and operated by Core Civic under a Dedicated Intergovernmental Service Agreement (DIGSA), which requires the facility to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011.<sup>4</sup> Medical care at SDC is provided by ICE Health Services Corps (IHSC) and supported by subcontractors from InGenesis Medical Staffing (InGenesis), STG International (STG), and Maxim Healthcare Services (Maxim). At the time of CASTRO's death, SDC housed approximately 1,710 male detainees of all classification levels for periods in excess of 72 hours.

## DETAILS OF REVIEW

From March 5 through 8, 2018, personnel from the External Reviews and Analysis Unit (ERAU), within ICE's Office of Professional Responsibility, visited SDC to review the circumstances surrounding CASTRO's death. ERAU was assisted in its review by contract subject matter experts (SMEs) in correctional healthcare and security. ERAU's contract SMEs are employed by Creative Corrections, a national management and consulting firm.<sup>5</sup> As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to CASTRO, in addition to conducting in-person interviews of individuals employed by Core Civic, IHSC, InGenesis, STG, and Maxim.

During the review, ERAU took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in this report should not be construed in any way as indicating the deficiencies identified contributed to the detainee's death. ERAU determined the following timeline of events, from the time of CASTRO's apprehension by U.S. Border Patrol (USBP), through his detention at SDC, and eventual death at the Mayo Clinic.

## IMMIGRATION AND CRIMINAL HISTORY

On October 27, 2013, CASTRO applied for political asylum at the Laredo, Texas (TX) Port of Entry (POE). U.S. Customs and Border Protection (CBP) determined he was inadmissible pursuant to Section 212 (a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA) because he was not in possession of valid documentation; however CBP granted CASTRO parole to the

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<sup>1</sup> Bronchopneumonia is an infection that inflames the lungs.

<sup>2</sup> Pulmonary abscess is a bacterial infection that occurs in the lung tissue.

<sup>3</sup> Influenza is a highly contagious viral infection of the nose, throat, and lungs.

<sup>4</sup> As revised in 2016.

<sup>5</sup> See [Exhibit 1](#): Creative Corrections Healthcare and Security Compliance Analysis.

United States for two years, pending his adjustment of status under the Cuban Refugee Adjustment Act (CRAA).<sup>6</sup>

On November 3, 2014, CASTRO filed a Form I-485, Application to Register Permanent Residence or Adjust Status.<sup>7</sup> On July 24, 2015, U.S. Citizenship and Immigration Services (USCIS) approved CASTRO's application granting him status as a lawful permanent resident under the CRAA.<sup>8</sup>

On May 5, 2016, USBP agents apprehended CASTRO for attempting to smuggle aliens into the United States at the North Laredo border.<sup>9</sup> ICE Homeland Security Investigations (HSI) arrested CASTRO pursuant to 8 U.S.C. § 1324 for bringing aliens into the United States.

On November 30, 2016, the United States District Court for the Southern District of Texas convicted CASTRO for attempting to transport and move an undocumented alien into the United States.<sup>10</sup> He was sentenced to 366 days in prison and sent to D. Ray James (DRJ) Federal Correctional Institute (FCI) in Folkston, GA.

On October 18, 2017, ICE Enforcement and Removal Operations (ERO) Atlanta encountered CASTRO at the DRJ FCI and served him with a Notice to Appear under Section 237(a)(2)(A)(iii) of the INA for his conviction of an aggravated felony.<sup>11</sup>

On November 24, 2017, ERO assumed physical custody of CASTRO and transferred him to SDC.

On January 4, 2018, an Immigration Judge ordered CASTRO removed from the United States to Cuba.<sup>12</sup>

## NARRATIVE

**On November 24, 2017** at 7:24 p.m., (b)(6);(b)(7)(C) booked CASTRO into SDC.<sup>13</sup> Intake staff inventoried CASTRO's personal property, including \$408.47 of U.S. currency, which SDC deposited into his account for telephone and commissary purchases. CASTRO signed and received a copy of the receipts. (b)(6);(b)(7)(C) completed CASTRO's classification rating using the ICE Custody Classification Worksheet and appropriately classified him as medium-high based on the severity of his criminal conviction.<sup>14</sup> (b)(6);(b)(7)(C) stated she uses the detainee's criminal history and other information provided by ERO to assign the classification rating.<sup>15</sup> A

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<sup>6</sup> See U.S. Customs and Border Protection, Discretionary Authority Checklist for Alien Applicants, dated October 27, 2013.

<sup>7</sup> See Form I-485, Application to Register Permanent Residence or Adjust Status, dated July 24, 2015.

<sup>8</sup> *Id.*

<sup>9</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated October 18, 2017. Also See ICE ENFORCE Alien Detention Module (EADM) Encounters.

<sup>10</sup> See United States District Court Southern District of Texas Holding Session in Laredo, dated November 30, 2016.

<sup>11</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated October 18, 2017.

<sup>12</sup> See Order of the Immigration Judge, dated January 4, 2018.

<sup>13</sup> See Stewart Detention Center Inmate/Detainee Commitment Summary, dated November 24, 2017.

<sup>14</sup> See ICE Custody Classification Worksheet, dated November 24, 2017.

<sup>15</sup> ERAU interview with (b)(6);(b)(7)(C) March 6, 2016.



supervisor approved the rating. ERAU notes that although SDC's intake forms do not prompt the officer conducting intake to notate the detainee's primary language, several intake forms are available in both English and Spanish, and CASTRO signed the English version of those forms.<sup>16</sup>

At 11:15 p.m., STG Registered Nurse (RN) (b)(6);(b)(7)(C) completed CASTRO's medical intake screening using telephonic interpretation assistance.<sup>17</sup> (b)(6);(b)(7)(C) documented she reviewed the DRJ FCI transfer summary which stated CASTRO was screened and cleared for tuberculosis on February 23, 2017. CASTRO's vital signs were within normal limits except for a slightly elevated blood pressure of 131/76.<sup>18</sup> CASTRO denied any current pain, medical problems, or current medications. CASTRO reported he had a fish allergy and that he underwent an appendectomy in 2004.<sup>19</sup> He signed the IHSC Medical Consent Form.<sup>20</sup> According to the Inmate Housing History Report, SDC assigned CASTRO to general population housing unit 4A.

**On November 29, 2017**, CASTRO submitted an Detainee Information Request form, written in English, requesting to work in the kitchen.<sup>21</sup> An officer responded the same day, indicating that before he could work in the kitchen, CASTRO had to be medically cleared.

**On November 30, 2017**, security staff moved CASTRO to Unit 4C cell 202B (SDC did not document a reason for the move), where he remained until he was transferred to the hospital on January 7, 2018.

**On December 2, 2017** at 11:34 a.m., Maxim RN (b)(6);(b)(7)(C) conducted CASTRO's initial physical examination.<sup>22</sup> (b)(6);(b)(7)(C) documented CASTRO spoke fluent English, and he denied any medical or mental health problems, substance abuse, and suicidal thoughts or actions. CASTRO reported undergoing an appendectomy in 2004 and having a fish allergy. His vital signs were normal, except for an elevated blood pressure of 144/81. CASTRO was educated on maintaining a healthy lifestyle, personal hygiene, and how to access medical care via sick call.

According to Creative Corrections, the American Heart Association (AHA) advises that a systolic blood pressure between 140 and 159 indicates Stage Two Hypertension for which doctors are likely to prescribe a combination of blood pressure medications and lifestyle changes.<sup>23</sup> IHSC (b)(6);(b)(7)(C) the Health Service Administrator (HSA), stated that although IHSC

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<sup>16</sup> Although intake staff did not note CASTRO's primary language, all information (e.g., the detainee request form, medical documentation, and staff interviews) provided to ERAU indicate the detainee spoke and understood both English and Spanish. ERAU notes nurses used interpretation services on November 24, 2017, and January 7, 2018. ERAU was unable to confirm the reason for the interpretation services on November 24, 2017, but determined the nurse used interpretation services January 7, 2018, because CASTRO was having difficulties speaking due to shortness of breath and the nurse thought an interpreter might be helpful.

<sup>17</sup> See Exhibit 2: SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated November 24, 2017.

<sup>18</sup> Normal temperature is 98.6 degrees; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and, normal blood pressure is 120/80, with 90/60 to 139/89 considered within normal range.

<sup>19</sup> An appendectomy is a surgical operation to remove the appendix.

<sup>20</sup> See IHSC Medical Consent Form, dated November 24, 2017.

<sup>21</sup> See Detainee Information Request form, dated November 29, 2017.

<sup>22</sup> See SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated December 2, 2017.

<sup>23</sup> See Exhibit 1.

does not have blood pressure guidelines for RNs, including referrals to a provider, SDC's practice is to have nurses monitor patients for repeated elevated readings (above the AHA threshold) prior to referring the detainee to a provider.<sup>24</sup> (b)(6);(b)(7)(C) did not document a follow-up blood pressure reading for CASTRO or a referral to a provider.

**On December 7, 2017**, CASTRO's inmate account summary shows he received \$8.00 for working in the kitchen. Although CASTRO's medical record contains no documentation showing medical staff cleared him to work in food service, Creative Corrections notes his initial physical examination found no health issues that would restrict him from work assignments.

**On January 6, 2018** at 12:10 p.m., CASTRO reported to the medical unit complaining of a fever, cough, runny nose, and congestion for two days. InGenesis RN (b)(6);(b)(7)(C) evaluated CASTRO and documented the following:<sup>25</sup>

- CASTRO spoke fluent English and did not appear to be in acute distress.
- CASTRO's respirations were normal, though he had an elevated temperature of 100.2 degrees, abnormally rapid heart rate at 112, and elevated blood pressure of 144/70.
- CASTRO's tonsils had mild redness, but no swelling or exudate.<sup>26</sup>
- CASTRO's neck lymph nodes<sup>27</sup> were not swollen and his lungs were clear with no wheezing.
- CASTRO was prescribed 4 mg of chlorpheniramine maleate<sup>28</sup> every six hours.

At 12:48 p.m., (b)(6);(b)(7)(C) notified Nurse Practitioner (NP) (b)(6);(b)(7)(C) of CASTRO's vital signs and complaints.<sup>29</sup> (b)(6);(b)(7)(C) verbally prescribed a one-time dose of Benadryl 50 mg, guaifenesin<sup>30</sup> 200 mg every four hours as needed, and acetaminophen 325 mg every six hours as needed. ERAU was unable to confirm whether (b)(6);(b)(7)(C) was aware that this was CASTRO's second systolic blood pressure reading over 140, or whether she informed (b)(6);(b)(7)(C) of the multiple elevated readings. (b)(6);(b)(7)(C) advised CASTRO to increase his water consumption, wash his hands frequently, and report to medical if symptoms persisted or worsened. (b)(6);(b)(7)(C) did not remove CASTRO's medical clearance to work in the kitchen.<sup>31</sup>

<sup>24</sup> ERAU interview with (b)(6);(b)(7)(C) March 6, 2017. Per Creative Corrections, standard nursing practice for a patient with an elevated blood pressure reading is to retake the blood pressure after a period of 15 to 20 minutes following the first read, and if it is still elevated, refer the patient to a provider to evaluate whether periodic monitoring is necessary.

<sup>25</sup> See SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated January 6, 2018. (b)(6);(b)(7)(C) stated she used the IHSC Interim RN Guidelines for allergies during this encounter.

<sup>26</sup> Exudate is a mass of cells and fluid that seeps out of blood vessels during inflammation.

<sup>27</sup> Lymph nodes are small glands throughout the body that filter harmful substances.

<sup>28</sup> Chlorpheniramine maleate is a drug used to treat sneezing, itching, watery eyes, and runny nose caused by allergies or the common cold.

<sup>29</sup> See SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated January 6, 2018.

<sup>30</sup> Guaifenesin is a drug used to treat coughs and congestion caused by the common cold, bronchitis, and other breathing illnesses.

<sup>31</sup> (b)(6);(b)(7)(C) stated she used the IHSC Interim RN Guidelines for allergies, instead of the upper respiratory infection (URI) guidelines, during this encounter. Creative Corrections notes the URI guidelines articulate procedures for removing medical clearance for work duties when a detainee presents with symptoms matching CASTRO's.



On January 7, 2018, CASTRO and his cellmate went to the dining facility for dinner. While in the dining facility, CASTRO told his cellmate he wasn't feeling well, and his cellmate notified (b)(6);(b)(7)(C) who was also the shift supervisor. (b)(6);(b)(7)(C) approached CASTRO, noticed he looked ill, and directed an officer to escort both CASTRO and his cellmate, who assisted him in walking, to medical.<sup>32</sup>

At approximately 6:25 p.m., CASTRO arrived at the medical waiting room.<sup>33</sup> At 6:34 p.m., RN (b)(6);(b)(7)(C) called CASTRO into the clinic. CASTRO entered the clinic and sat in the hallway where (b)(6);(b)(7)(C) took his temperature and blood pressure and gave him a cup of water and a paper mask.<sup>34</sup>

At approximately 6:40 p.m., CASTRO entered an examination room where (b)(6);(b)(7)(C) evaluated him using telephonic interpretation assistance.<sup>35</sup> (b)(6);(b)(7)(C) stated she used interpretation assistance because CASTRO was having difficulty speaking due to shortness of breath and she thought the interpreter might be helpful, but the interpreter also had difficulty understanding CASTRO.<sup>36</sup> (b)(6);(b)(7)(C) documented the following:

- CASTRO arrived to medical with labored breathing and reported having upper abdominal pain that started one to two days ago.
- CASTRO reported a current pain level of eight out of ten on the standardized pain scale in his upper abdomen.<sup>37</sup>
- CASTRO's blood pressure was normal at 122/85, but all other vital signs were abnormal, including an elevated temperature of 100 degrees; an exceptionally fast heart rate of 144 beats per minute (bpm); respirations of 48 breaths per minute, which is more than double the normal respiration rate; and very low oxygen saturation of 84%.
- CASTRO appeared ill with pale/greenish facial color, bluish hands, and darkness around his eyes.

(b)(6);(b)(7)(C) diagnosed CASTRO with acute pain, decreased cardiac output,<sup>38</sup> and impaired gas exchange.<sup>39</sup> At 6:55 p.m., (b)(6);(b)(7)(C) notified (b)(6);(b)(7)(C) via telephone of CASTRO's condition. (b)(6);(b)(7)(C) provided a verbal order to administer oxygen and transport CASTRO to the emergency room (ER) via Emergency Medical Services (EMS). At 6:56 p.m., (b)(6);(b)(7)(C)

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<sup>32</sup> ERAU interview with (b)(6);(b)(7)(C) March 8, 2018.

<sup>33</sup> See Video surveillance footage of Medical Waiting Room, dated January 7, 2018.

<sup>34</sup> See Video surveillance footage of Medical Hallway, dated January 7, 2018.

<sup>35</sup> See SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated January 7, 2018.

<sup>36</sup> ERAU interview with (b)(6);(b)(7)(C) March 7, 2018.

<sup>37</sup> A standardized pain scale of zero to ten, with ten being worst, is used to determine the level of pain reported by patients.

<sup>38</sup> Decreased cardiac output occurs when the heart pumps an inadequate amount of blood through the circulatory system.

<sup>39</sup> Impaired gas exchange is an excess or deficit of oxygenation and/or carbon dioxide elimination in the blood-air barrier. The blood-air barrier exists in the gas exchanging region of the lungs and works to prevent air bubbles from forming in the blood.



instructed an officer to call EMS and took CASTRO's temperature again, which remained elevated at 99.3 degrees.

At 6:56 p.m., Central Control Officer (b)(6);(b)(7)(C) logged a call from (b)(6);(b)(7)(C)<sup>40</sup> who advised her a detainee needed EMS transport.<sup>41</sup> At 7:12 p.m., (b)(6);(b)(7)(C) directed Officer (b)(6);(b)(7)(C) to call EMS.<sup>42</sup> (b)(6);(b)(7)(C) stated he delayed the direction to call EMS until after he prepared the facility for EMS arrival, which consisted of dispatching an officer to the external gate for EMS entry, assigning two officers to accompany the ambulance, securing a weapon from the armory for the chase vehicle officer, completing the transportation order and detainee information sheet, reviewing detainee alerts, and notifying facility leadership.<sup>43</sup> (b)(6);(b)(7)(C) stated that when (b)(6);(b)(7)(C) called for EMS, she learned they were responding from another county and were unable provide an estimated time of arrival.<sup>44</sup>

At 7:20 p.m., (b)(6);(b)(7)(C) notified (b)(6);(b)(7)(C) that CASTRO's oxygen saturation level had risen to 89%, and that security called EMS.<sup>45</sup> (b)(6);(b)(7)(C) directed (b)(6);(b)(7)(C) to increase CASTRO's oxygen and use a non-rebreather mask.<sup>46</sup>

At 7:38 p.m.,<sup>47</sup> the Webster County Fire/EMS ambulance arrived at the facility and an officer escorted the EMS responders into the facility at 7:42 p.m.<sup>48</sup> According to (b)(6);(b)(7)(C) because Webster County Fire/EMS services three counties, they commonly take 30 minutes to arrive to the facility once dispatched.<sup>49</sup>

At 7:43 p.m., the EMS responders arrived at the examination room with a gurney, which they assisted CASTRO onto in a seated position.<sup>50</sup> (b)(6);(b)(7)(C) documented CASTRO's oxygen level was 94% at this time and that she provided EMS with a report of the detainee's status.<sup>51</sup> The EMS responders then departed the examination room at approximately 7:45 p.m., for the sally port leading to the exterior of the facility where the ambulance waited.

At approximately 7:46 p.m., EMS loaded CASTRO into the ambulance,<sup>52</sup> where they assessed him and noted his oxygen level was at 80%, his breathing sounds were clear, and he had a fast heartbeat. The EMS responders placed CASTRO on oxygen via a non-rebreather mask and established an intravenous line<sup>53</sup> in CASTRO's right forearm to administer saline for hydration.

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<sup>40</sup> First name unknown.

<sup>41</sup> See Central Control Logbook, dated January 7, 2018.

<sup>42</sup> *Id.*

<sup>43</sup> ERAU telephone interview with (b)(6);(b)(7)(C) March 8, 2018.

<sup>44</sup> *Id.*

<sup>45</sup> See SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated January 7, 2018.

<sup>46</sup> A non-rebreather mask is a facemask used to assist in the delivery of oxygen therapy. It requires the patient to breathe unassisted but allows a higher concentration of oxygen delivery.

<sup>47</sup> See Webster County Fire/EMS Pre-Hospital Care Report, dated January 7, 2018.

<sup>48</sup> See Central Control Logbook, dated January 7, 2018.

<sup>49</sup> ERAU interview with (b)(6);(b)(7)(C) March 6, 2018.

<sup>50</sup> See Video surveillance footage of Medical Unit, dated January 7, 2018.

<sup>51</sup> See SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated January 7, 2018.

<sup>52</sup> See Video surveillance footage of Central Exterior Door, dated January 7, 2018.

<sup>53</sup> An intravenous line delivers liquid substances directly to the vein.

At 7:48 p.m.,<sup>54</sup> EMS departed the facility with CASTRO in the ambulance. (b)(6);(b)(7)(C) rode in the ambulance and Officer (b)(6);(b)(7)(C) followed in a chase vehicle.<sup>55</sup> At 8:15 p.m., the ambulance arrived at the Southwest Georgia Regional Medical Center (SWGRMC) in Cuthbert, GA.<sup>56</sup> (b)(6);(b)(7)(C) stated when they arrived at SWGRMC, CASTRO had trouble breathing but was alert and could hold a conversation.<sup>57</sup>

At 8:56 p.m., an ER nurse initiated a triage assessment and documented CASTRO complained of a cough, cold, abdominal pain, difficulty breathing, and level nine generalized pain.<sup>58</sup> His vital signs were all abnormally high including a temperature of 104.2 degrees, heart rate of 142 bpm, respirations at 32, blood pressure at 146/79, and oxygen saturation of 78%, which indicated severe lung inefficiency. At 11:10 p.m., the ER nurse admitted CASTRO to SWGRMC.<sup>59</sup> Officer (b)(6);(b)(7)(C) who remained at the hospital with CASTRO, stated that the detainee drank plenty of water and used the restroom several times on his own during the night.<sup>60</sup>

**On January 8, 2018** at 2:30 a.m., an ER nurse notified SDC that CASTRO underwent a chest x-ray and influenza swab test,<sup>61</sup> and a physician diagnosed him with multifocal pneumonia<sup>62</sup> and influenza A.<sup>63</sup> An ER doctor placed him on antibiotics to fight the pneumonia and influenza. CASTRO's temperature lowered to 99.7 degrees, his oxygen saturation normalized to 95%, his blood pressure and respirations were normal, but his heart rate remained abnormally elevated at 139 bpm.

At 12:30 p.m., SWGRMC physician, Doctor (Dr.) (b)(6);(b)(7)(C) consulted with (b)(6);(b)(7)(C) at Phoebe Putney Memorial Hospital (PPMH) where CASTRO could receive a higher level of care, and (b)(6);(b)(7)(C) agreed to assume care of CASTRO.<sup>64</sup>

At 2:26 p.m., EMS departed SWGRMC with CASTRO for PPMH.<sup>65</sup> Officer (b)(6);(b)(7)(C) rode in the ambulance, and (b)(6);(b)(7)(C) followed in a chase vehicle. (b)(6);(b)(7)(C) stated CASTRO appeared very weak.<sup>66</sup> The officers did not document CASTRO's time of arrival at PPMH in the SDC hospital logbook; however, EMS recorded an arrival time of 3:09 p.m.<sup>67</sup>

<sup>54</sup> See Video surveillance footage of Central Exterior Door, dated January 7, 2018.

<sup>55</sup> ERAU interviews with Officers (b)(6);(b)(7)(C) March 7, 2018.

<sup>56</sup> See Webster County Fire/EMS Pre-Hospital Care Report, dated January 7, 2018.

<sup>57</sup> ERAU interview with (b)(6);(b)(7)(C) March 7, 2018.

<sup>58</sup> See Emergency Department Summary, dated January 31, 2018.

<sup>59</sup> See Hospital Logbook, dated January 7, 2018.

<sup>60</sup> ERAU telephone interview with (b)(6);(b)(7)(C) March 7, 2018.

<sup>61</sup> The influenza swab test is a rapid method of swabbing a person's nose or throat to obtain bacteria or virus-containing mucous.

<sup>62</sup> Multifocal pneumonia indicates multiple areas in the lungs that are infected by a bacteria or virus causing inflammation and potentially filling the lungs with fluid.

<sup>63</sup> See Hospital Update Email by RN (b)(6);(b)(7)(C), dated January 8, 2018.

<sup>64</sup> See SWGRMC Discharge Summary, dated January 8, 2018.

<sup>65</sup> Grady EMS Patient Care Record, dated January 8, 2018.

<sup>66</sup> ERAU interview with (b)(6);(b)(7)(C) March 7, 2018.

<sup>67</sup> Grady EMS Patient Care Record, dated January 8, 2018.



According to the SDC hospital logbook, PPMH admitted CASTRO to the intensive care unit (ICU) at 4:34 p.m., CASTRO used the restroom at 5:34 p.m., and at 7:01 p.m., CASTRO attempted to remove his nasal tubes. No other events were logged by the vigil officers.<sup>68</sup>

**On January 9, 2018** a PPMH nurse provided the following updates to SDC on CASTRO's status:

- During the early morning hours, CASTRO was agitated, restless, removed his oxygen mask, and refused medication to help him relax.<sup>69</sup> The nurse indicated hospital staff used interpretation assistance to explain the consequences for refusing treatment.
- At approximately 2:59 a.m., hospital staff sedated, restrained, and intubated CASTRO, and placed him on a fentanyl drip<sup>70</sup> to help lower his heart rate which was over 140 bpm.
- At 5:00 a.m., CASTRO's heart rate remained significantly elevated at 160 bpm, and hospital staff placed a central line<sup>71</sup> in his arm to administer fluids and medication to alleviate his related respiratory distress. The nurse noted that although CASTRO's heart rate decreased to 130 bpm after the line was placed, he remained in critical condition.
- At approximately 9:45 a.m., a PPMH nurse reported CASTRO was under sedation, but responded to stimuli.<sup>72</sup> (b)(6);(b)(7)(C) SDC's Clinical Director, provided the hospital with consent to perform a bronchoscopy.<sup>73</sup> At approximately 4:30 p.m., the bronchoscopy was completed and results were pending.

**On January 10, 2018** at 5:00 a.m., a PPMH nurse reported to SDC that CASTRO remained sedated and in stable condition, though his heart rate and temperature were both elevated at 126 bpm, and 100.1 degrees, respectively.<sup>74</sup>

**On January 11, 2018** at 12:35 p.m., a PPMH nurse reported the results of the bronchoscopy to SDC, specifically that CASTRO had a staphylococcus aureus infection.<sup>75</sup> The nurse also reported CASTRO remained on a ventilator, was under sedation, but was in stable condition.

**On January 12, 2018** at 12:26 a.m., CASTRO's assigned vigil officers received permission from their shift supervisor to remove CASTRO's restraints, per the request of hospital staff.<sup>76</sup> During the morning hours, hospital staff determined CASTRO's right lung collapsed after he went into respiratory failure, and they staff inserted a chest tube.<sup>77</sup> At 6:22 p.m., the SDC shift supervisor approved CASTRO's family for visitation.

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<sup>68</sup> See SDC Hospital Logbook, dated January 8, 2018.

<sup>69</sup> See Hospital Update Email by (b)(6);(b)(7)(C) dated January 9, 2018.

<sup>70</sup> Fentanyl is a drug used to treat severe pain.

<sup>71</sup> A central line refers to the placement of a catheter into a large vein to deliver fluids and medication.

<sup>72</sup> See Hospital Update Email by (b)(6);(b)(7)(C) dated January 9, 2018.

<sup>73</sup> Bronchoscopy is a procedure in which a tube with a light and small camera are inserted through the nose or mouth and down the throat to view into the lung airways.

<sup>74</sup> See Hospital Update Email by (b)(6);(b)(7)(C) dated January 10, 2018.

<sup>75</sup> Staphylococcus aureus is an infection that can cause pneumonia, heart valve infections, and bone infections.

<sup>76</sup> See SDC Hospital Logbook, dated January 12, 2018.

<sup>77</sup> See Hospital Update Email by (b)(6);(b)(7)(C) dated January 14, 2018.

**On January 15, 2018**, a PPMH nurse reported to SDC that CASTRO was in stable condition, his temperature was at 101 degrees, his heart rate was 106 bpm, and his blood pressure was 147/73.<sup>78</sup>

**On January 16, 2018**, (b)(6);(b)(7)(C) diagnosed CASTRO with severe hypoxic<sup>79</sup> and hypercapnic<sup>80</sup> respiratory failure with necrotizing<sup>81</sup> methicillin-resistant staphylococcus aureus (MRSA)<sup>82</sup> pneumonia status post influenza.<sup>83</sup> Hospital staff medically paralyzed<sup>84</sup> CASTRO to assist with ventilation. (b)(6);(b)(7)(C) consulted with (b)(6);(b)(7)(C) at Mayo Clinic Jacksonville (MCJ) in FL, who agreed to assume care of CASTRO and assess him for extracorporeal membrane oxygenation (ECMO) therapy.<sup>85</sup> At 9:16 p.m., a PPMH nurse notified IHSC of CASTRO's diagnosis and received approval to transfer him to MCJ.

**On January 17, 2018**, at 1:21 p.m., Vanderbilt Life Flight Air Methods staff (VLFAM) arrived at PPMH and began preparing CASTRO for transport to the Mayo Clinic.<sup>86</sup> During the preparations, a hospital nurse changed his right plural vac,<sup>87</sup> and CASTRO went into cardiac arrest. Hospital staff conducted cardiopulmonary resuscitation (CPR) and administered advanced life support (ALS) drugs.<sup>88</sup> Shortly thereafter, CASTRO regained a pulse, but hospital staff determined he was too unstable to move. An hour later, hospital and VLFAM staff determined CASTRO was stable enough for the transfer and placed him in an ambulance for transport to the Albany Airport, Albany, GA.<sup>89</sup> Officer (b)(6);(b)(7)(C) rode in the front of the ambulance, and (b)(6);(b)(7)(C) drove a chase vehicle.<sup>90</sup>

At 3:32 p.m., the ambulance arrived at the airport.<sup>91</sup> Officers (b)(6);(b)(7)(C) waited outside the ambulance until VLFAM staff exited with CASTRO approximately ten minutes later.<sup>92</sup>

At 3:58 p.m., CASTRO departed the Albany Airport on a VLFAM plane assisted by VLFAM staff

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<sup>78</sup> See Hospital Update Email by (b)(6);(b)(7)(C) dated January 15, 2018.

<sup>79</sup> Hypoxic failure refers to the absence of sufficient oxygen in the blood to sustain bodily functions.

<sup>80</sup> Hypercapnic is the presence of abnormally elevated carbon dioxide levels in the blood.

<sup>81</sup> Necrosis is the death of most or all cells in an organ or tissue due to disease, injury, or loss of blood supply.

<sup>82</sup> MRSA is bacteria that causes infections in different parts of the body and is difficult to treat because it is resistant to commonly used antibiotics.

<sup>83</sup> See PPMH Discharge Summary, dated January 16, 2018. According to Creative Corrections, this diagnosis can be described more simply as a shutdown of respiratory function due to MRSA-causing inflammation of the lungs, deterring the exchange of gases which ultimately allows oxygen transport to all parts of the body and the release of carbon dioxide as waste.

<sup>84</sup> Medical paralysis refers to reversible loss of muscle function induced by certain medications to allow decreased need for and therefore rest of body system functioning.

<sup>85</sup> ECMO therapy is a treatment using a pump to circulate blood through an artificial heart and lung.

<sup>86</sup> See VLFAM report, dated January 17, 2018. Times on the VLFAM report are in Central Standard Time and have been adjusted to reflect Eastern Standard Time.

<sup>87</sup> A pleur-vac, also known as plural vac, is a machine that provides suction to prevent accumulation of fluids in the lungs. CASTRO's right pleural vac was changed because it was full.

<sup>88</sup> See VLFAM report, dated January 17, 2018. ALS drugs are administered to promote heart function.

<sup>89</sup> *Id.*

<sup>90</sup> ERAU interview with Officer (b)(6);(b)(7)(C) March 6, 2018.

<sup>91</sup> See Hospital Logbook, dated January 17, 2018.

<sup>92</sup> ERAU interview with Officers (b)(6);(b)(7)(C) March 6, 2018 and March 7, 2018, respectively.



en route to Jacksonville, FL.<sup>93</sup>

At 4:45 p.m., the plane carrying CASTRO landed in Jacksonville, FL.<sup>94</sup> According to the VLFAM report, CASTRO remained in stable condition upon arrival, and VLFAM staff placed him on a portable suction pump<sup>95</sup> prior to transporting him to MCJ via ambulance.

At 5:21 p.m., the ambulance carrying CASTRO arrived at MCJ, VLFAM staff transferred him to a hospital bed, and he was admitted to MCJ at 5:35 p.m.<sup>96</sup> MCJ staff performed a bronchoscopy<sup>97</sup> which showed CASTRO had *Bordetella Holmesii*,<sup>98</sup> influenza A, and pneumothoraxes<sup>99</sup> in both lungs.<sup>100</sup> MCJ staff also performed computerized tomography (CT) scan<sup>101</sup> of CASTRO's head which showed a possible brain injury.

At 7:25 p.m., two officers from the Folkston ICE Processing Center (FIPC) in Folkston, GA, arrived and assumed vigil duties of CASTRO at MCJ.<sup>102</sup> (b)(6);(b)(7)(C) stated that PPMH did not notify SDC of CASTRO's transfer to MCJ until the VLFAM already arrived in Jacksonville. (b)(6);(b)(7)(C) notified ERO who immediately administratively transferred CASTRO into the custody of FIPC, and FIPC dispatched the officers to MCJ.<sup>103</sup>

**On January 18, 2018,** MCJ physician (b)(6);(b)(7)(C) informed (b)(6);(b)(7)(C) SDC's Clinical Director, that MCJ would perform a tracheostomy<sup>104</sup> and transfer CASTRO back to PPMH because he was not a candidate for ECMO due to the brain injury and cavitory lesions<sup>105</sup> in his lungs. (b)(6);(b)(7)(C) requested (b)(6);(b)(7)(C) reconsider the decision to transfer CASTRO back to PPMH and continue treatment at MCJ.<sup>106</sup>

Ultimately, he remained at MCJ until his death on January 30, 2018. FIPC officers continued vigil duties, and SDC medical staff continued to obtain daily updates during that time. From January

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<sup>93</sup> See Hospital Logbook, dated January 17, 2018.

<sup>94</sup> See VLFAM report, dated January 17, 2018.

<sup>95</sup> A portable suction pump is a device used to extract mucus and other fluids.

<sup>96</sup> See VLFAM report, dated January 17, 2018.

<sup>97</sup> Bronchoscopy is a procedure in which a tube with a light and small camera are inserted through the nose or mouth and down the throat to view into the lung airways.

<sup>98</sup> *Bordetella Holmesii* is a bacterial infection associated with respiratory illness, most commonly found in immune compromised patients.

<sup>99</sup> A pneumothorax is a collapsed lung that occurs when air escapes into the chest cavity and pushes on the lung causing it to collapse.

<sup>100</sup> See MCJ Final Report, dated January 19, 2018.

<sup>101</sup> A CT scan, also known as a CAT scan, is a noninvasive imaging procedure that uses a combination of x-rays and computer technology to produce horizontal images of the head or body.

<sup>102</sup> See GEO Hospital Logbook, dated January 17, 2018.

<sup>103</sup> The Warden at FIPC stated that CASTRO was transferred from SDC to FIPC, and the MCJ vigil duties were assumed by FIPC officers, because the FIPC officers are Georgia State certified and licensed to carry firearms into adjoining states.

<sup>104</sup> A tracheostomy is a surgical procedure in which an incision is placed in the neck as a direct airway into the throat.

<sup>105</sup> Cavitory lesions are gas filled areas in the lung found in the center of thick mass.

<sup>106</sup> See Hospital Update Email by (b)(6);(b)(7)(C), dated January 18, 2018.

18 to 22, 2018, MCJ hospital staff reported CASTRO's condition and treatment remained unchanged.

**On January 23, 2018**, a MCJ nurse reported CASTRO went into cardiac arrest and was in a coma in critical condition.<sup>107</sup> Over the next seven days, CASTRO remained on a ventilator in critical condition, and was visited by family members.<sup>108</sup>

**On January 30, 2018, (Date of Death)**<sup>109</sup> CASTRO's condition deteriorated with septic shock,<sup>110</sup> hypotension,<sup>111</sup> and bradycardia.<sup>112</sup> CASTRO was unresponsive to all treatment efforts. At approximately 8:02 p.m., hospital staff initiated emergency resuscitation efforts. These efforts were discontinued after approximately 15 minutes, and at 8:17 p.m., an MCJ physician pronounced CASTRO dead.<sup>113</sup> At 9:34 p.m., (b)(6);(b)(7)(C) notified ERO of CASTRO's death.

### Post-Death Events

On January 31, 2018, at 9:44 a.m., ERO notified the Embassy of Cuba of CASTRO's death. At 11:32 a.m., ERO contacted the Jacksonville Sheriff's Office to ensure the Medical Examiner's Office would remove the body and sign the death certificate.<sup>114</sup>

Following CASTRO's death, SDC held a town hall meeting (exact date unknown) for all housing units where psychologists were available to provide counseling services for detainees.

On February 8, 2018, ERO mailed CASTRO's personal property and a check for \$474.13 to his brother.

On February 22, 2018, the State of Florida issued a Certificate of Death which documented CASTRO's cause of death as bronchopneumonia with pulmonary abscesses and viral influenza.<sup>115</sup> The Jacksonville Medical Examiner's Office completed an autopsy on CASTRO, but a copy of the autopsy report was not available at the time of ERAU's review.

### MEDICAL CARE AND SECURITY REVIEW

ERAU reviewed the medical care CASTRO was provided at SDC, as well as the facility's efforts to ensure he was safe and secure while detained at the facility. Upon the conclusion of the review, ERAU found SDC fully compliant with the ICE PBNDS 2011 Medical Care Standard, as well as with those relevant components of the ICE PBNDS 2011 pertaining to safety and security. However, ERAU identified areas of concern regarding CASTRO's care.

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<sup>107</sup> See Hospital Update Email by (b)(6);(b)(7)(C), dated January 23, 2018.

<sup>108</sup> See Exhibit 1, Appendix, for an accounting of noteworthy events documented in hospital logs maintained by GEO officers at MCJ.

<sup>109</sup> See Hospital Update Email by (b)(6);(b)(7)(C), dated January 30, 2018.

<sup>110</sup> Septic shock is a widespread infection causing organ failure.

<sup>111</sup> Hypotension is an abnormally low blood pressure.

<sup>112</sup> Bradycardia is an abnormally slow heart rate.

<sup>113</sup> See Hospital Update Email by (b)(6);(b)(7)(C), dated January 30, 2018.

<sup>114</sup> See Jacksonville Sheriff's Office General Offense/Incident Report, dated January 31, 2018.

<sup>115</sup> See Exhibit 3: State of Florida Certificate of Death.



## AREAS OF CONCERN

- On December 2, 2018 and January 6, 2018, CASTRO's blood pressure readings met the American Heart Association criteria for stage two hypertension, but nurses did not initiate blood pressure monitoring or refer CASTRO to a provider.
- On January 6, 2018, (b)(6);(b)(7)(C) evaluated CASTRO for a fever, rapid pulse, cough, and a runny nose, but did not complete a Special Needs form suspending him from work assignments. The next day, CASTRO reported to the kitchen for food service duties, potentially transmitting contagious illnesses.
- On January 7, 2018, (b)(6);(b)(7)(C) recognized the urgency of CASTRO's pain and respiratory issues and notified (b)(6);(b)(7)(C) who ordered CASTRO be transported to the hospital via ambulance. Following the provider's order, (b)(6);(b)(7)(C) immediately notified security; however, (b)(6);(b)(7)(C) did not authorize an EMS call until 16 minutes later, causing a delay in CASTRO's access to emergency care.

**EXHIBITS**

1. Creative Corrections Healthcare and Security Compliance Analysis.
2. SDC eClinical Works Progress Note by (b)(6);(b)(7)(C) dated November 24, 2017.
3. State of Florida Certificate of Death.